## live. work. play. Rome New York

## Commercial Façade Improvement Program

Department of Community and Economic Development

Phone: (315) 339-7643

## **APPLICANT INFORMATION**

notifying the Planning Coordinator in advance.

Signature of Owner	Date  ission (see program summary). Please do not submit payment without
Signature of Applicant	Date
	ls to be approved, I must agree to work with, and follow the recommendations opment, and before starting any work, following approval of this application, . Program Agreement.
I hereby affirm that I have full legal capacity to authorize the filing of this application and that all information and exhibits herewit submitted are true and correct to the best of my knowledge. The owner invites CITY representatives to make all reasonable inspections, investigations and take pictures of the subject property during the process period associated with this application. I authorize the use of any pictures taken by the City of Rome.	
<ul> <li>Recessing Reconfiguring exterior doors or entrances; n</li> <li>Repairing or replacing windows</li> <li>Signs (new, repairing or replacing)</li> </ul>	
<ul> <li>Exterior painting</li> <li>Removal of inappropriate exterior finishes or materials</li> <li>Restoration of exterior finishes or materials</li> </ul>	<ul> <li>Exterior building and sign lighting</li> <li>Display area lighting</li> <li>Awnings, new repairs or replacement</li> </ul>
Circle applicable proposed improvements:	
Please attach a description of the proposed improvements to the property. Include sketches, plans, Code violation reports (if applicable) and current and/or historic photos if available.	
Owner Mailing Address:	
Name of Owner:	Telephone#:
OWNER INFORMATION	
	Business ID# :
Address of Building:	
Fax #/ Email:	
	e: Cell:
Name of Applicant:	Application Date:

Date Received: \_\_\_\_\_